

57367

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

1 Manifest Number 015-002372

SFUND RECORDS CTR
999000895

GENERATOR (Generator Must Complete)

2 Name ALUMINUM CO. OF AMERICA
VERNON WORKS

EPA NO. CAD074126681

Address 5107 ALCON AVE Phone No. 586-6141

City, State, Zip VERNON CA 90058

3 Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Name OPERATING INDUSTRIES INC.

EPA NO. CAD080012024

Address 900 N. POYRERO GRANDE DR.

City, State, Zip MONTEREY PARK CA

4 Alternate TSD Facility

Name CLINICAL WASTE MANAGEMENT INC.

EPA NO. CA1000646117

Address P.O. BOX 1104, 430 W. BLM AVE

City, State, Zip CORLINGA CA 93210

5 U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE				
WASTE				

CONTAINERS NUMBER:

TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS
☐ TANK TRUCK ☐ DUMP TRUCK
☐ OTHER

6 WASTE CATEGORY 47 & 48 7 EX. HAZ. WASTE PERMIT NO. 8 GENERATING PROCESS ALUMINUM FABRICATION

LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS	CONC. UPPER	RANGE LOWER	UNITS
9 A.			<input type="checkbox"/> % <input type="checkbox"/> ppm.			<input type="checkbox"/> % <input type="checkbox"/> ppm.
B.			<input type="checkbox"/> % <input type="checkbox"/> ppm.			<input type="checkbox"/> % <input type="checkbox"/> ppm.
C.			<input type="checkbox"/> % <input type="checkbox"/> ppm.			<input type="checkbox"/> % <input type="checkbox"/> ppm.
D.			<input type="checkbox"/> % <input type="checkbox"/> ppm.			<input type="checkbox"/> % <input type="checkbox"/> ppm.

10 WASTE PROPERTIES: pH 7 ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

11 PHYSICAL STATE: ☒ Solid ☒ Liquid ☐ Sludge ☐ Slurry ☐ Gas ☒ Other WATER & OIL SLUDGE

12 SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

13 Osmer W Baker Foreman 8/1-05-02
Signature of Authorized Agent and Title Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

14 NAME ASBURY OIL CO.

EPA NO. CAD028277036

ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392

CITY, STATE, ZIP Gardena, California 90249

15 PICK-UP DATE 5-2-81

TIME 10:00 ☒ AM ☐ PM

16 [Signature] 5-2-81
Signature of Authorized Agent and Title Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

17 NAME OPERATING INDUSTRIES INC. 18 QUANTITY (If Measured) 100 BBL

EPA NO. CAD080012024 19 STATE FEE (If Any) \$17.50

PHONE NO. _____

20 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

22 NAME _____
EPA NO. _____

21 HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☒ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify) _____
☐ Recovery or Reuse ☐ Storage/Transfer

23 [Signature] 5-2-81
Signature of Authorized Agent and Title Date Accepted

ORIGINAL